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Idaho Public Health Guidelines for Health Care Providers: Monitoring and Testing for West Nile Virus in Idaho

***From: the Idaho Division of Health, Department of Health and Welfare; and
the Idaho District Health Departments
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The Idaho Department of Health and Welfare and the District Health Departments are enhancing West Nile virus (WNV) surveillance in Idaho. Although WNV has not been detected in Idaho to date, it has spread rapidly since its introduction to the U.S. in 1999, and was discovered in Colorado and Wyoming last week. We believe that WNV could reach Idaho this year. As part of WNV surveillance activities in Idaho, clinicians are encouraged to submit specimens for WNV testing from patients with encephalitis of unknown etiology or aseptic meningitis. A patient's travel history to affected states 3-15 days prior to onset of symptoms should further raise the index of suspicion for WNV infection.

Signs of mild disease may include headache; fever; myalgia; maculopapular rash on neck, trunk, and extremities; and lymphadenopathy. Signs of severe disease include, in descending order of frequency, fever, severe muscle weakness, nausea, vomiting, headache, diarrhea, rash and lymphadenopathy. Neurological presentations are compatible with encephalitis, meningoencephalitis, or meningitis; patients may also present with complete flaccid paralysis similar to Guillain-Barré syndrome. Ataxia, cranial nerve abnormalities, and other neurologic presentations may be seen. Advanced age is a primary risk factor for severe disease from WNV. There is no specific treatment for West Nile virus infection.

If WNV is suspected, the following specimens should be submitted to the State Bureau of Laboratories:

- **CSF:** Acute-phase (0-8 days after onset of illness): 1ml.
 - **Serum:** Acute-phase, followed by convalescent-phase (14-21 days after the acute-phase serum): 2 ml per specimen.

Tissues, such as brain, can also be tested. Contact Vonnita Barton or Roy Moulton at the State Bureau of Laboratories (208-334-2235) prior to sending tissue samples, or if there are any testing questions.

All clinical samples will be tested in Idaho and forwarded to the Centers for Disease Control and Prevention (CDC) for verification.

Please notify your district health department or the IDHW Office of Epidemiology of any suspected WNV cases. You will be asked whether the patient has been recently vaccinated for yellow fever or Japanese encephalitis, because receipt of these vaccines may cause false positive results on IgM antibody tests for WNV.

The August 6, 2002 edition of the Annals of Internal Medicine contains the article: "West Nile Virus: A Primer for the Clinician". For more information on WNV and how your patients can protect themselves from mosquito-borne diseases such as WNV, contact your local health district or the IDHW Office of Epidemiology, or check the following websites:

IDHW: http://www2.state.id.us/dhw/cdp/westnile/west_nile_index.htm

CDC: <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>